

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of Hayden

or

City of _____

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 198

County Registrar No. _____

Local Registrar No. 33

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Refugio de la Cruz } If child is not yet named, make supplemental report, as directed.3. Sex of Child Female } To be answered ONLY in event of plural births. 4. Twin, triplet or other yes 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth March 27, 1925
Month day year3. FATHER Full name Roberto de la Cruz 14. MOTHER Full maiden name Amita del Villar9. Residence (Usual place of abode) Hayden 15. Residence (Usual place of abode) Hayden
If nonresident, give place and state If nonresident, give place and state10. Color or race Mexican 11. Age at last birthday 33 (Years) 16. Color or race Mexican 17. Age at last birthday 27 (Years)12. Birthplace (city or place) Pabian de Los Angeles 18. Birthplace (city or place) Hermosilla
(State or country) Sonora, Mexico (State or country) Sonora, Mexico13. Occupation Laborer 19. Occupation Housewife
Nature of industry Copper Smelter Nature of industry20. Number of children of this mother (a) Born alive and now living 2 21. Were precautions taken against ophthalmia neonatorum? yes
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead _____ (c) Stillborn _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:10 A.M. on the date above stated.
(Born alive or stillborn.)*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
Signature Dr. Eugenia Romero (Physician or midwife)
Address Hayden, ArizonaGiven name added from a supplemental report _____
Month, day, year. Filed Mar 31, 1925 EDF M. D.
Local Registrar.

Registrar.

Filed _____ 19____ County Registrar.

949-327-149

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.